## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

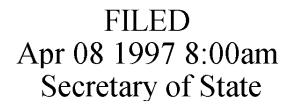
1997 DOCUMENT #

F9600005736 (1)

JOBSMART EMPLOYMENT AND TEMPORARY SERVICES, INC.

Principal Place of Business

Mailing Address





SACO ME 04072		81 N ST SACO ME 04072-1924		•	•			
					3. Date Incorporated or Qualified 10/22/1996	3a. Date of Las	t Report	
2. Principal Place of Business 2s. Mailing Add			ess		4. FEI Number		Applied For	
21		26			01-0480400		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution			
Zip 24	Country Z1p C 25 29 30		Cour	ntry	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No			
9. Name and Address of Current Registered Agent					10. Name and Address of New R	egistered Agent		
				B1 Name				
C T CORPORATION SYSTEM				B2 Street	Address (P.O. Box Number is Not Accepta	hle)		
1200 SOUTH PINE ISLAND ROAD				0	and the second s			
PLANTATIÓN FL \$3324								
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11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statu	tes, the ab	 ove-named	corporation submits this statement for the		g its registered	
office or r	registered agent, or both, in the Sta	te of Florida. Such change was igations of Section 617,0503. F	authorized lorida Statu	by the cor	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appointment	as registered	
	in tartinal trint, and accept the est	igations of occitor or resous, r	ionaa olalo		•			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NO	1E Registered	Agent signature	e required when reinstaling)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TITLE	D	DELETE	1.1 TITO	.E		☐ Chang	e L Addition	
NAME	PRATT, ALEX		1.2 NA	ИE				
STREET ADDRESS			1.3 STR	EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP	5.	Chanc	e Addition	
TITLE	_		21 TITU			☐ Cuant	e 🗀 Audilion	
NAME	OVELLETTE, ROBERT		2.2 NA	<del>-</del>				
STREET ADDRESS	445 MAIN ST SACO ME 04072			EET ADDRESS				
CITY-ST-ZIP TITLE	D DELETE		31 THE	Y-ST-ZIP		Chanc	e Addition	
NAME			3.2 NAM					
STREET ADDRESS	74 PROSPECT ST			EET ADDRESS	•			
CITY-ST-ZIP	BIDDEFORD ME 04005		1	Y-ST-ZIP				
TITLE			4.1 T() (			☐ Chang	e 🔲 Addition	
NAME	BURR, GEOFF		4 2 NA	ME				
STREET ADDRESS	BCH ST MARKET		4.3 STR	EET ADDRESS				
CITY-ST-ZIP	SACO ME 04072		4.4 CIT	Y-ST-ZIP				
TITLE			5.1 TITE	.E	M	Chang	e 🗷 Addition	
NAME	BURR, SUSAN		5 2 NA	ME	Glenn Alterman 218 North Street			
STREET ADDRESS	74 BCH ST		5.3 STR	EET ADDRESS				
CITY-ST-ZIP	SACO ME 04072			Y-ST-ZIP	Suco, 111-			
TITLE	P	☐ DELETE	6.1 TITE		P	✓ Change	e L Addition	
NAME	RICHARD, ALEX		6 2 NA		RICHARD, HENRY			
STREET ADDRESS	TATNIC RD			EET ADDRESS	TATNIC RD			
CITY-ST-ZIP	WELLS ME 04090		6.4 CfT	Y-ST-ZIP	WELLS, ME 04090			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.